

## FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

NCJA 23  
Rev. 5/93

IN UNITED STATES

☐ MAGISTRATE☐ DISTRICT☐ APPEALS COURT or☐ OTHER PANEL (Specify below)

LOCATION NUMBER

IN THE CASE

FOR

AT

PERSON REPRESENTED (Show your full name)

- 1 ☒ Defendant—Adult  
 2 ☐ Defendant - Juvenile  
 3 ☐ Appellant  
 4 ☐ Probation Violator  
 5 ☐ Parole Violator  
 6 ☐ Habeas Petitioner  
 7 ☐ 2255 Petitioner  
 8 ☐ Material Witness  
 9 ☐ Other

DOCKET NUMBERS

Magistrate

04-1802-CBS

District Court

Court of Appeals

CHARGE/OFFENSE (describe if applicable & check box →) ☒ Felony  
☐ Misdemeanor

21 USC § 841(a)(1)

## ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOY- MENT	Are you now	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Am Self-Employed
	Name and address of employer:			
	IF YES, how much do you earn per month? \$	IF NO, give month and year of last employment How much did you earn per month? \$		
ASSETS	If married is your Spouse employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	IF YES, how much does your Spouse earn per month? \$	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$		
	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	SOURCES
OTHER INCOME	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES	\$		
CASH	Have you any cash on hand or money in savings or checking accounts?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	IF YES, state total amount \$
PROP- ERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	IF YES, GIVE THE VALUE AND DESCRIBE IT	VALUE	DESCRIPTION	

MARITAL STATUS

- ☒ SINGLE  
☐ MARRIED  
☐ WIDOWED  
☐ SEPARATED OR  
☐ DIVORCED

Total  
No. of  
Dependents

List persons you actually support and your relationship to them

DEPENDENTS

OBLIGATIONS &  
DEBTSDEBTS &  
MONTHLY  
BILLS(LIST ALL CREDITORS,  
INCLUDING BANKS,  
LOAN COMPANIES,  
CHARGE ACCOUNTS,  
ETC.)APARTMENT  
OR HOME:

Creditors

Total Debt

Monthly Paymt.

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)

Dajana McNickles

6/24/04